Exhibit A.2



FOIA Request Confirmation

Confirmation Number: FDA2176603

Requester:

General

Description Reques	of er: Consumer	
Max Amount Willing	to ay: \$25.00	

Organization

Organization Name: Public Health and Medical Professionals for Transparency					
Primary Phone	e: 212-532-1091	Other Phone:			foia@sirillp.com
Mailing Address Billing Address					
Address 1: 200 Park Avenue			Address 1:	200 Park Avei	nue
Address 2: 17th Floor		Address 2:	17th Floor		
City: Ne	w York		City	New York	
State: NY	7		State	NY	
Zip Code: 10166		Zip Code:	10166		

Details

Requester Name:	Aaron Siri			
Requester File #:	IR#0546	Request Letter:	IR#0546 - FDA - Pfizer Approval FINAL.pdf	
Requested Date From:		Requested Date To:		
Subject of Request:	All data and information for th 601.51(e) with the exception o		_	▲

Waiver of Fees

	lustification:	PHMPT is a nonprofit. The information it seeks will contribute to the public debate
Justilication.	about the safety and efficacy of the Pfizer vaccine. See letter for further details.	

Expedited Processing

Reason:	Demonstrated Urgency to Inform the Public
	PHMPT disseminates information to the public. There is an immediate need to inform
Justification:	the public of the data and information underlying licensure of the Pfizer Vaccine. See
	letter for further details.

Print Create Another Request Close

Within 10 business days of the submission of your online request, you will receive by electronic mail an FOIA Control Number. If you need to communicate with FDA regarding your request, please refer to this Control Number. Requests received after 4:00 P.M. E.S.T. will be considered to have been received on the following business day.

If your informational needs change, and you need to cancel your request, please contact the Division of Freedom of Information by telephone, mail, or fax. Please include your control number in the correspondence. For contact information, please see <u>FDA's FOIA page</u>.